**Form 15: Notice of rejection of award**

**CERVICALCHECK TRIBUNAL**

**NOTICE OF REJECTION OF AWARD**

**Claim record no.:**

**[1st]\* Claimant**

Full name: ……………………………………………………….. *\*(add “and others” where there is more than one claimant)*

**[1st]\* Respondent**

Full name: ………………………………………………………..*\*(add “and others” where there is more than one respondent)*

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**TAKE NOTICE** that ………………….., \*claimant/\*respondent in the above claim, rejects the award in the amount of €…………. \*(plus costs to be taxed in default of agreement) made in the above-entitled Tribunal proceedings by the CervicalCheck Tribunal on ………of………….…….20…

Dated: ………………………………………………………

Signed: ………………………………………………………

[Print name]: ……………………………………………….

In the presence of

Witness: ………………………………………………………

[Print name and address]: …………………………………..

\*(solicitor for) \*claimant/\*respondent

To: Registrar

Cervical Check Tribunal at………………………………….

And to: ………………..of ……………………………………

\*delete where inapplicable

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